



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Board of Registration in Pharmacy  
Bureau of Health Professions Licensure  
250 Washington Street, Boston, MA 02108-4619

Tel: 617-973-0960

Fax: 617-973-0980

TTY :617-973-0988

[mass.gov/dph/boards/pharmacy](http://mass.gov/dph/boards/pharmacy)

**PHARMACY TECHNICIAN IN TRAINING – APPLICATION FOR LICENSURE**

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Application # \_\_\_\_\_

License # \_\_\_\_\_ Date Approved \_\_\_\_\_

Pursuant to G.L. c. 30A, s. 13A and G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure (BHPL) is required to obtain your Social Security Number (SSN) and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

First Name		Last Name	
Social Security Number (required)			
Date of Birth [mm/dd/yyyy]		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Height _____(FT)_____(IN)		Eye Color	
Street Address			
City		State	
		Zip	
Phone		Email	
Name of Pharmacy		Location of Pharmacy	

## EDUCATION

Name of High School:	City, State, and Zip:
Graduation date (if applicable):	

OR

Name of High School equivalency program (such as GED):	City, State, and Zip:
Program completed/graduation date:	

## VERIFICATION OF OTHER LICENSES / BOARD REGISTRATIONS

**Identify ALL professional licenses, registrations, and certifications, including professions other than pharmacy technician, whether or not you have practiced under that license, registration, or certification.**

*NOTE: Applicants must obtain official verification of each professional license, registration, and certification from each state or jurisdiction and submit same with this application.*

☐ I do not currently hold, and have never held, a professional license, registration, or certification in any state or jurisdiction.

☐ I currently hold, or have held in the past, a professional license, registration, or certification as follows:

State	License, Registration, or Certification Number	Date Licensed Issued	Current status of license

## REQUIRED PHOTOGRAPH

All applicants must submit a recent passport-size photo revealing the applicant's likeness. Please print your name on the back of the photo.

## GOOD MORAL CHARACTER

*An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.*

1. Has any disciplinary action been taken against you by a licensing or certification board in the United States or any country or foreign jurisdiction? ☐ YES ☐ NO
2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction? YES ☐ NO ☐
3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country of foreign jurisdiction? YES ☐ NO ☐
4. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? YES ☐ NO ☐
5. Have you ever been arrested, charged, arraigned, indicted, prosecuted, or convicted in relation to any felony or misdemeanor charge? YES ☐ NO ☐
6. Have you ever been the subject of any investigation or court proceeding in relation to any felony or misdemeanor charge? YES ☐ NO ☐

**If you have answered yes to any of the questions above,** please attach a typewritten 8 ½ by 11 sheet(s) of paper which provides dates and details describing the circumstances related to the matters; provide certified copies of court documents of any convictions (defined as any plea that is accepted by the court); and complete a Criminal Offender Record Information Request (CORI) Form attached to the bottom of this application.

*(Note: Conviction of a crime does not necessarily bar licensure; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)*

**By my signature below, I certify under the pains and penalties of perjury, that:**

1. I am the applicant named in this application and pictured in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration in Pharmacy to deny this application and/or revoke the right to function as a Pharmacy Technician in Training (PTT), in accordance with Massachusetts law.
3. I understand that the Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial licensure as a pharmacy technician trainee, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.
4. I understand that this application is void if requirements are not met within one year from the date of receipt.
5. I am responsible for reading, understanding, and abiding by the laws and regulations governing the practice of pharmacy, including M.G.L. c. 94C, M.G.L. c. 112, §§ 24 – 42D, and 247 CMR 2.00 *et seq.*
6. Pursuant to M.G.L. c. 62C, § 49A, to the best of knowledge and belief, I have filed all Massachusetts state income tax returns and paid all taxes required by law.

Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_

Print Name\_\_\_\_\_

**Mail or fax** this completed form, photograph, and if applicable, CORI form with detailed documents to the address or fax number on the first page. Do not email these forms.

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Professions Licensure  
Board of Registration in Pharmacy  
250 Washington Street, Boston, MA 02108-4619

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

Tel: 617-973-0960  
Fax: 617-973-0980  
[www.mass.gov/dph/boards/ph](http://www.mass.gov/dph/boards/ph)

**MARYLOU SUDDERS**  
Secretary

**MARGRET R. COOKE**  
Commissioner

CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Board of Registration in Pharmacy is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a prospective or current license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Board of Registration in Pharmacy to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

I also understand that the Board of Registration in Pharmacy may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

---

SIGNATURE

---

DATE

NOTE: The Board of Registration in Pharmacy cannot accept this form unless it is either (1) signed in person at the Board's offices in the presence of a BHPL employee who has verified the applicant's identity through acceptable identification, or (2) signed in the presence of a notary public who has likewise verified identity and then mailed or hand-delivered to the Board's offices at the address set forth above.

CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM

SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
------------	-------------	-------------	--------

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

_____ Date of Birth	_____ Place of Birth
------------------------	-------------------------

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

_____ Mother's Full Name (Mother's Maiden Name)	_____ Father's Full Name
--	-----------------------------

**Current and Former Addresses:**

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

Street Number & Name	City/Town	State	Zip
----------------------	-----------	-------	-----

\_\_\_\_\_  
The identity of the subject of this acknowledgement form was verified by reviewing the following form(s) of government-issued identification:  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ ON \_\_\_\_\_  
Name of Verifying BHPL Employee or Notary Public (Please Print) Date

\_\_\_\_\_  
Signature of Verifying BHPL Employee or Notary Public